

RATE	FEE
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X \$ 18 =	\$ 0.00
X \$ 84 =	\$ 0.00
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X Please charge my Deposit Account No. 50-0510 in the amount of \$ 740.00.

X The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-0510. A duplicate copy of this sheet is enclosed.

\_\_\_ Any additional filing fees required under 37 CFR 1.16.

\_\_\_ Any patent application processing fees under 35 CFR 1.17.

Respectfully submitted,

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Enclosures

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